

FORM NO. 1.

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only

5457

(1) PLACE OF BIRTH

County of UnionTownship of Unionor
Inc. Town ofCity of Union

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4207 Registered No. 16(No. 25 Attaray Mills St.; Ward)(2) Full Name of Child. Mamie Jane Adams

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 25-5</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME I Joel Adams

(9) PRESENT POSTOFFICE OF FATHER #25 Attaray Mills

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE Union SC

(13) OCCUPATION Cotton Mill Operative

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Howell

(15) PRESENT POSTOFFICE OF MOTHER #25 Attaray Mills

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Union SC

(19) OCCUPATION Domestic Work

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) O. S. Jackson MD(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union SC

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 26 1915 (28) J. G. Garratt

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

McGaw, of Columbia